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Customer No. 40518

FAX

To:	Commissioner for Patents		Laura L. Shires
Fax:	(571) 273-8300	Pages:	3 (including cover page)
Phone:		Date:	April 7, 2006

Comments: OFFICIAL FILING - POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application No.: 10/797,910 Filing Date: March 9, 2004

Title: APPARATUS AND METHODS FOR MAPPING OUT ENDOLUMINAL

GASTROINTESTINGAL SURGERY

Inventor(s): Kenneth MICHLITSCH et al.
Attorney Docket No.: USGINZ00600

Papers attached:

- 1. Statement Under 37 CFR 3.73(b) 1 page
- 2. Copy of Power of Attorney to Prosecute Applications Before the USPTO (Form PTO/SB/80) 1 page

thereby certify that this correspondence is being tacsimile transmitted to the USPTO on the date shown below.

Date: April 7, 2006

Signature

(Laura Shires)

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To: Commis	sioner for Patents	Page 2 of 3	2006-04-07 21:	:44:01 (GMT)	16502842180 From: Davi
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			STATEMENT UND	ER 37 CFR 3.73(b)	
	Applicant/Pater	nt Owner: <u>Kenneth M</u>	ICHLITSCH et al.		
	Application No.	/Patent No./Control I	No.: 10/797.910	Filed/Issue Date: March 9	2004
	Entitled: APPA	RATUS AND METHOD	S FOR MAPPING OUT ENDO	LUMINAL GASTROINTESTINAI	SURGERY
	USGI Medical,	inc.		, a corporation	The second secon
	states that it is:	(Name of Assignee	nt, title, and interest; or		nership, university; government agency, etc.)
	in the patent ar	ent (by percentage) optication/patent iden	entire right, title and interest of its ownership interest istifled above by virtue of eith	%) ner:	
	in the Un original a OR	ited States Patent an ssignment is attache	nd Trademark Office at Reel d.	, Frame	he assignment was recorded or a true copy of the other or a true copy of the other or the current assignee as follows:
· · · · · · · · · · · · · · · · · · ·	1. Fror	n: Inventors	Ta	: USGI Medical, Inc.	
	R	eel <u>015072</u> , Fra	ime <u>0432</u>	Patent and Trademark Office , or for which a copy thereof	
			To corded in the United States _, Frame	Patent and Trademark Office or for which a copy there	
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	As required b	y 37 CFR 3.73(b)(1)	ne chain of title are listed on	nce of the chain of title fro	m the original owner to the
	INOTE: A.	separate copy (i.e., a on in accordance wit	a true copy of the original as	rdation pursuant to 37 CFF signment document(s)) must the assignment in the records	t be submitted to Assignment
	The undersign	ed (whose title is sur	oplied below) is authorized to	o act on behalf of the assigni	e
		- Hick	Traces		April 7, 2006
			Signature		Date (650) 242 4214
			ires (Registration No. 52,222) ed or Typed Name		(650) 242-4211 Telephone Number
		******	Agent of Record		
	100		Title		

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a banefit by the public which is to file (and by the USPTO to process) en application. Confideritality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case, Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden; should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450. Alexandria, VA. 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TD: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. FORMS TO THIS ADDRESS. SEND TO:: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Docket No:: USGINZ00600

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMS control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b) I hereby appoint: 40518 Practitioners associated with the Customer Number: Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name Registration Name Registration Number Number as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: 40518 The address associated with Customer Number: ORFirm or Individual Name Address City Country Telephone Email Assignee Name and Address: USGI Medical, Inc. 1140 Calle Cordillera San Clemente, CA 92673 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and filler is supplied below is authorized to act on behalf of the assignee Signature 06 Name Telephone Eugene Chen

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